## **AMENDED**

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

5248	7 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Salatine Salatin	Name TROSTILLION 2003		
	Labor Organization File Number		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 109 Chester Pike Tolks 100 100	Street 3565 Sebviva Street		
City Norwood The last of the second of the s	City Philadelphia a ton a comparation		
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5. Position in labor organization.			
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Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name b to the second se			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
P.O. DOX, Diog., Poolar No., II ally	7.b. Amount.		
Street Street			
City Programme Total Control of the	106		
State ZIP Code + 4	Construction of the Constr		
Signature populario de la companya del companya de la companya del companya de la companya del companya de la companya del companya de la companya del companya de			
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief; true, correct, and complete. (See the se	Perjury and other applicable penalties of the law, that all of the information /ing-documents), has been examined by the signatory and is, to the best of the		
Signed William .	On Pate Telephone Number		
Form LM-30 (2003)	3 581155950055		
The second secon	Page 1 of		

13.b. Is the Business an Employer

or Consultant

City

State

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name Alliance Bernstein  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street 1345 Avenue of the Americas  City New York  State NY ** SLAN AND ZIP Code +4 10105	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Teamster's Pension Fund of Phila  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 125 N. 4th Street  City Philadelphia  State PA ZIP Code + 4 19106	11.a. Nature of such dealing.  Manages: Investments for Teamsters Pension Fund of Philadelphia and Vicinity.  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  My Wife and Tattendey a dinner as guests			
ZIF CODE + 4 TOTO	Alliance Bernstein during our amual meeting of the Beard of Trustees of the Feamsters  Pension Fund in Marco Island Filton  May 2 1 2004 Filton  12.b. Amount.			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money of the second				

or Consultant

13.b. Is the Business an Employer

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Name of Person Filing Thomas Hummel		File Number U-
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8. Name and address of Business (including trade name, if any).  Name International Federation of Employee Benefits Pile  Trade Name, if any:	9. Business deals with:	ition
P.O. Box, Bldg., Room No., if any Street 18700 W. Bluemond Road City Brook lets	b. Trust  c. Employer	
State WISCORS IN ZIP Code + 4 D60410		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Teamsters H&W Plan of Phila. & Vicinity  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 125 N. 4th Street  City Philadelphia  State PA ZIP Code + 4 19106	Denefit of ans a  11.b. Approximate dollar valu  12.a. Nature of interest held  Received rannual for meetings in	ducational services to employee no their etrustees
	12.b. Amount.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	14.a. Nature of payment.	

13.b. Is the Business an Employer

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or Consultant

Name of Person Filing Thomas Humme1	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name SET Investments  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street One Freedom Valley Draive  City Oak  State PA ZIP Code +4 1945A	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Teams ters Pension and H&W Funds  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 125 N. 4th Street  City Philadelphia  State PA 2IP Code + 4 19106	11.a. Nature of such dealing.  Manages Trivestments for the Teamsters Pension and H&W Funds of Philadelphia and vicinity  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  My Wife and altended a danner as guests of SEL investments durang the annual meeting of the Board act Trustees of Ithe Teamsters Pension and H&W Funds in mark outstand them have 2004		
C. Received from any employer (other than an employer covered under	12.b. Amount. \$220.00		
or from any labor relations consultant to an employer any payment of money of 3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:	14.a. Nature of payment.		

13.b. is the Business an Employer

P.O. Box, Bldg., Room No., if any

State ZIP Code + 4

or Consultant

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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  ZIP Code + 4	14.a. Nature of payment.				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				

Name of Person Filing Thomas Hummel		File Number U-
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8. Name and address of Business (including trade name, if any).  Name International Foundation of Employee Benefits  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street 18700 W. Bluemond Road  City Brookfield  State Wisconsin ZIP Code +4 06840	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name   1eamsters   Pension   Plan   of   Philla    Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street   125 N. 4th Street	FUndtrand thear t	ucational rervices to pension us tees.
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	12.b. Amount.	\$4\$1,282.00°C
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